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NOTICE OF FILING/CLAIM FEE(S) DUE TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

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APPLICATION	NUMBER:	8/989	,352						
Total Fee Calculation									
	Fee Code	Tota!	Number Extra	_X_	Fæ	Fc: =	To:2!		
	Sm./Lg				Sm. Entity	Lg. Entity			
Basic Filing F∝	201/101		,			\underline{V}	29000		
Total Claims >20	203/193	-20 =		x	·		836°°		
Independent Claims >3	202/102	-3 =		x	******	V	24600		
Mult Dep Claim Present	204/104								
Surcharge	205/10/5				4	V	13000		
English Translation	139								
TOTAL FEE CALCUL	ATION						* <u>2002</u> *		
Fees due upon filing t	he application:								
Total Filing Fees Due	= \$_2002	0 ⁰	7,2,						
Less Filing Fees Subm	iπed - \$	-0-	-,		·				

Office of Initial Patent Examination

BALANCE DUE

PATENT APPLICATION FEE DETERMINATION RECOR						RD 8/989, 352					
							OTHER THAN SMALL ENTITY				
FOR		NUMBE	R FILED	NUMBER	EXTRA	RA	TE	FEE		RATE	FEE
BASI	C FEE		395.00 _{OR} 790.00		790.00						
TOTA	TOTAL CLAIMS 58 minus 20 =		20 = *	= * 38		x\$11=		OR	x\$22=	836.00	
INDEPENDENT CLAIMS		s 3 = *			1=		OR		246, ci		
MULTIPLE DEPENDENT CLAIM PRESENT						+135=			OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	-	1872.00
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)				SMALL ENTITY			OR	OTHER THAN SMALL ENTITY			
ENT A		CLAIMS REMAINING AFTER AMENDMENT	· King Cappe	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**	=	x\$1	1=		OR	x\$22=	
AMENDMENT	Independent	*	Minus	***	=	х4	1=		OR	x82=	
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RE21 AVAILABLE COLA					TOTAL ADDIT. FEE			OR ADDIT. FEE			
	a - 2 w , , ,	(Column 1) CLAIMS	•	(Column 2) HIGHEST	(Column 3)				· 1	· = -	
ENT B		REMAINING AFTER AMENDMENT	à	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOZ	Total	*	Minus	: **	=	x \$1	11=		OR	x\$22=	
AMENDM	Independent		Minus	***	=	х4	1=		OR	x82=	
▼	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+13	35=		OR	+270=	
(Column 1) (Column 2) (Column 3)					T(ADDIT	OTAL FEE		OR	TOTAL ADDIT. FEE		
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	x\$1	11=		OR	x\$22=	
	Independent	*	Minus	***	=	х4	1=		OR	x82=	
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=							OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											